**Leprosy Hospitals/Centres**

†1268. SHRI BANWARI LAL KANCHHAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of leprosy hospitals/centres working at present in each State;

(b) whether Government has reviewed the National Leprosy Eradication Programme; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) The following leprosy Hospitals/Institution/Centres are involved in leprosy training:

- Central Leprosy Training and Research Institute, Tirumani, Chengalpattu
- Regional Leprosy Training and Research Institute, Aska, Orissa
- Regional Leprosy Training and Research Institute, Gouripur, West Bengal
- Regional Leprosy Training and Research Institute, Raipur, Chhattisgarh
- National JALMA Institute for Leprosy and other Mycobacterial Diseases, Agra
- Schieffelin Leprosy Research and Training Centre, Karigiri, Tamil Nadu
- The Leprosy Mission Hospital, District Allahabad, Uttar Pradesh

(b) and (c) Yes, Sir. Independent evaluation of NLEP was carried out by Indian Institute of Health Management Research, Jaipur during 2005. The outcome of the study is enclosed as statement.

***Statement***

*Outcome of Independent evaluation of National Leprosy Eradication Programme by Indian Institute of Health Management Research, Jaipur (IIHMR)*

An independent evaluation of NLEP was carried out by Indian Institute of Health Management Research (IIHMR), Jaipur during February - May' 05 to assess the programme achievement status at the close of World Bank supported Second National Leprosy Elimination Project. The study was carried out in 13 different endemic States.

Following are the major findings of the study:

The PR reduced from 3.74 in March 01 to 1.99 in December '04 a 47% reduction and ANCDR reduced from 5.6 to 3.1 (45% reduction). MB proportion increased in almost all States and percentage of female in new cases increased from 35.5 to 36.2%. Child percentage reduced in most of the States indicating success in controlling transmision. The percentage of Grade - II disability in new cases significantly reduced from 2.24% in March'01 to 1.5% in December'04.

Median delay in diagnosis decreased from 8 months to 5 months. More than 80% of facilities had completed integration, but the integration process was weak in urban areas. Except the SIS guideline all other SIS formats were found available in most of the health facilities. The quality of MDT services was found highly satisfactory. The overall MB cure rate was 88% and PB cure rate was 94%. About 80% of General health workers received training on leprosy.

† Original notice of the question was received in Hindi.

Level of awareness was high but was more or less stationary. IEC was more high risk centric and less community centric. The partnership between GOI & NGO's was extremely useful to weaken the bottlenecks against integration.

**The Major Recommendations suggested were** — (a) Internal monitoring system at Primary Health Centre level should be strengthened (b) Counseling of RFT cases, patients and their family members needs to be emphasized (c) For spreading community awareness, target groups in high endemic areas should be indentified and embark on Inter Personal Communication (IPC) (d) IEC messages should also target community in low endemic areas (e) District Technical Support Teams (DTST's) should intensively focus on capacity building of the District Nucleus Team.

**Health Cities**

1269. SHRI KARNENDU BHATTACHARJEE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of the States where Government has proposal to make health cities inlcuding Delhi;

(b) the details of the health cities and expenditure likely to be incurred for this purpose, State-wise;

(c) whether there is any time prescribed for successful implementation of this proposals; and

(d) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) There is no such proposal.

(b) to (d) Does not arise.

**Non- availability of medicines in Government hospitals**

†1270. SHRI AMIR ALAM KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that medicines of serious diseases are not available in adequate quantity in all major Government hospitals;

(b) whether it is a fact that patients are forced to purchase costly medicines from the market;

(c) the details of total amount provided to those hospitals during the last three years for purchasing medicines and conducting medical tests, State-wise; and

(d) the steps being taken by Government for providing these medicine to poor patients?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (d) Adequate quantity of life saving medicines are available in Central Government hospitals in Delhi. There is also a provision of imprest money kept with the Medical Superintendents of the hospitals for local purchase in case of non-availability of

† Original notice of the question was received in Hindi.